

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION

AGENCY AGREEMENT

OS

1. HRSA AA NUMBER HSB 05-02-05-03 (formerly 05HMCHB04-02-03)		3. TYPE OF AGREEMENT <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Inter/Intra-agency <input type="checkbox"/> MOU-MOA <input type="checkbox"/> Other (please specify) _____ Modification Number: <u>3</u>					
2. PARTICIPATING AGENCY AA NUMBER (Additional participants list in Statement of Work) CPSC-IAG-02-1289		5. AMOUNT (Not to exceed without written modification) \$ <u>25,000.00</u>					
4. TITLE OF PROJECT Poison Control Program		6. STATEMENT OF WORK See Attachment.					
7. NAME AND ADDRESS OF PARTICIPATING AGENCY Consumer Product Safety Commission 4330 East West Highway Bethesda, MD 20814		Project Officer for Participating Agency <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name Suzanne Barone</td> <td style="width:50%;">Phone Number 301-504-7256</td> </tr> <tr> <td>Email Address sbarone@cpsc.gov</td> <td>FAX Number 301-504-0079</td> </tr> </table>		Name Suzanne Barone	Phone Number 301-504-7256	Email Address sbarone@cpsc.gov	FAX Number 301-504-0079
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Email Address sbarone@cpsc.gov	FAX Number 301-504-0079						
8. NAME AND ADDRESS OF HRSA PROGRAM OFFICE Healthcare Systems Bureau Division of Healthcare Preparedness Poison Control Program 5600 Fishers Lane, 13-103 Rockville, MD 20857		Project Officer for HRSA Program Office <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name Shkeda Johnson</td> <td style="width:50%;">Phone Number 301-443-1210</td> </tr> <tr> <td>Email Address sjohnson@hrsa.gov</td> <td>FAX Number 301-443-4922</td> </tr> </table>		Name Shkeda Johnson	Phone Number 301-443-1210	Email Address sjohnson@hrsa.gov	FAX Number 301-443-4922
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Email Address sjohnson@hrsa.gov	FAX Number 301-443-4922						
9. PROJECT PERIOD From: <u>6/18/2002</u> Through: <u>9/29/2005</u>		FUNDING PERIOD From: <u>10/1/2004</u> Through: <u>9/30/2005</u>					
10. LEGAL AUTHORITY <input checked="" type="checkbox"/> The Economy Act, section 1535 of title 31 U.S. Code. <input checked="" type="checkbox"/> Specific program authority: <u>42 U.S.C. § 300-d-73(b)</u> <input type="checkbox"/> Other (please specify): _____							
11. BUDGET PLAN AND JUSTIFICATION - Provide project budget by object class; include direct and indirect costs. Justify budget.							
12. FUNDING (Please check "From" or "To" as appropriate.)							
a. <input type="checkbox"/> From: <input checked="" type="checkbox"/> To: <u>CPSC</u>		DUNS: <u>069287522</u>					
Agency Location Code	Appropriation	Allotment/allowance	CAN Number	Object Class	Amount		
61000001	6150100		05 SA EXOB 4500 23447 111a	11.81	25,000.00		
b. <input checked="" type="checkbox"/> From: <input type="checkbox"/> To: <u>HRSA</u>		DUNS: <u>044007990</u>					
Agency Location Code	Appropriation	Allotment/allowance	CAN Number	Object Class	Amount		
75-03-0030	7550350	5-97006	5-3883030	<u>25.38</u>	25,000.00		

HRSA AA NUMBER:

13. BILLING REQUIREMENTS

a. **Administrative Billing Requirements:** HRSA's ALC IS 75-03-0030. Other Agency's ALC (required) : 61000001

- ☐ Billing is to be made through the use of the Intra-governmental Payment and Collection (IPAC) system. **Please include HRSA'S Official AA number from Item 1 on all IPAC billings and correspondence.** When funds are provided to the performing agency in advance of services being provided or goods being delivered, the performing agency agrees to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the HRSA project officer listed in item 8, page 1 of this agreement, and to the following address: **DHHS, PSC/FMS/DFO, Attn: IPAC Desk, Parklawn Building, 5600 Fishers Lane, Rm. 16-30, Rockville, MD 20857**. (If required by other agency, HRSA's Tax Identification number is 52-0821668.)

b. **Additional Billing Requirements (This block must be completed if procuring services under the Economy Act) :**

- ☒ All funds provided under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The HRSA Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address: **DHHS, PSC/FMS/DFO, Attn: IPAC Desk, Parklawn Building, 5600 Fishers Lane, Rm. 16-30, Rockville, MD 20857**.

14. OTHER REQUIREMENTS

- a. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.
- b. HRSA will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.
- c. Annual financial and progress reports will be submitted thirty (30) days after the end of the performance period to the HRSA Project Officer listed in item 8 of this agreement, unless otherwise specified in the statement of work.

15. ADMINISTRATIVE/FINANCIAL CONTACTS

a. For HRSA

Name

Terri Guardino

Telephone Number

301-443-0884

Email

tguardino@hrsa.gov

b. For Participating Agency

Name

Cecelia R. Smith

Telephone Number

301-504-7172

Email

crsmith@cpsc.gov

16. SPECIAL PROVISIONS (please check all that apply) :

- ☐ The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreement funds, it will abide by the human subjects research requirements stated in the Common Rule, and certify that all necessary assurances and institutional review board (IRB) approvals are obtained.
- ☐ The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the ATSDR Division or Office to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The ATSDR Associate Administrator for Science (AAS) must determine the applicability of the Human Subjects Regulations.
- ☐ **CERCLA:** The receiving agency will retain detailed and accurate records of travel expenditures, personnel hours, and all other costs under this agreement. Such documents may be required to provide the basis for cost recovery actions or other litigation. Additionally, this documentation must be available for audit or verification upon request of the DHHS and/or Participating Federal Agency Inspectors General.
- ☐ **Federal Facilities:** The receiving agency will maintain an accounting system that will keep an accurate, complete, and current accounting of all financial transactions on a site-specific basis, i.e., individual time, travel, and associated costs, including indirect costs, as appropriate for the site. Such documents and records will be retained for a minimum of 10 years unless there is a litigation, claim, negotiation, audit or action involving the specific site; then records will be maintained until resolution of all issues on the specific site.
- ☒ **Not Applicable**
- ☐ **Other (please specify) :** _____

Please print within applicable non-signature items below.

17. MODIFICATION/CANCELLATION

This agreement may be terminated by either agency upon a 60-day advance written notice. This agreement may be modified or terminated by formal written notice from either party if there is joint agreement as evidenced by the signature of responsible officials representing both parties.

18. HRSA RECOMMENDING OFFICIAL

Signature

Title
Director, DHP

Date

11/24/04

19.a. HRSA CLEARANCE --Budget

Signature

Title

Date

b. HRSA CLEARANCE --Other

Signature

Title

Date

20. HRSA AUTHORIZATION AND ACCEPTANCE

Name

A. Michelle Snyder

Title

Associate Administrator, HSB

Signature

Email Address

Date

11/24/04

21. PARTICIPATING AGENCY AUTHORIZATION AND ACCEPTANCE

Name

Donna Hutton

Title

CPSC Contracting Officer

Signature

Email Address

dhutton@cpsc.gov

Date

12/9/04

Amendment #3
Inter-agency Agreement
Between the
Health Resources and Services Administration (HRSA)
Healthcare Systems Bureau (HSB)
and the
Consumer Product Safety Commission (CPSC)

6. Statement of Work

Background

The original authorizing legislation, the Poison Control Enhancement and Awareness Act, called for the Poison Control Program to “develop standard patient management protocols for commonly encountered toxic exposures.” In 2001, pursuant to legislation and following input from an ad hoc group of national stakeholder organizations, HRSA’s MCHB began the process of developing uniform guidelines for the management of poisoned patients. A competitive contract was awarded to the American Association of Poison Control Centers in collaboration with the American Academy of Clinical Toxicology and the American College of Medical Toxicology, to develop an approach to guideline development and apply it to the development of guidelines for the treatment of non-toxic exposures. In fiscal year 2002, HRSA’s MCHB awarded a three year cooperative agreement for the development of evidence-based guidelines for the management of poisoned patients.

Since June 18, 2002, HRSA has entered into an Inter-agency Agreement with CPSC to acquire the clinical toxicology review services of Suzanne Barone, Ph.D. Dr. Barone provides critical insight into the evidence-based guidelines development process.

Purpose

The purpose of this modified Agreement is to authorize funds in the amount of \$25,000 from HRSA’s HSB to CPSC to support CPSC’s continued provision of technical consultation and review of the guidelines developed for the management of poisoned patients. Assistance provided under the Agreement shall include attendance at guidelines development consensus panel meetings and the subsequent provision of feedback, as needed; reviewing and providing written comments on all guidelines-related documents provided by the guideline development consensus panel and the American Association of Poison Control Centers; and attendance at the annual North American Congress of Clinical Toxicology meeting to participate in a session about the patient management guidelines.

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10. Authority
42 U.S.C. § 300-d-73(b) and the Economy Act, 31 U.S.C. section 1535.

14. Other Requirements

Addition to a.

Travel, as deemed necessary by HRSA to accomplish the objectives of this Agreement, is included in the Agreement funding total and will be reimbursed to the traveler by CPSC.